



Child Care Strong Application Guide

This document will offer guidance on the questions asked in the application for Child Care Strong funding.

1. Are you currently an approved provider with the Mississippi Child Care Payment Program?

Please answer yes if you have applied for and received a Provider ID and are currently able to login to the Mississippi Child Care Payment Program provider portal.

If this does not apply to you, please answer no.

2. If no, were you licensed or registered with the Mississippi Department of Health on or before March 11, 2021?

Please answer yes if you had a license to operate a child care program issued by the Mississippi Department of Health on or before March 11, 2021.

If this does not apply to you, please answer no.

3. Provider/Business Name:

For child care facilities, please enter the name exactly as it appears on your child care license.

For in-home providers, please enter the name used to register with the Mississippi Department of Health.

4. Provider/Business Address:

For all providers: please enter the address where child care is being provided.

5. Applicant Name:

For all providers: please enter the name of the person completing the application for Child Care Funding. This person must be authorized by the program to apply for the funding.

6. Owner Ethnicity:

For all providers: please enter the ethnicity of the child care program OWNER. This question is required by our federal funders.

7. Owner Race:

For all providers: please enter the race of the child care program OWNER. This question is required by our federal funders.

8. Owner Gender:

For all providers: please enter the gender of the child care program OWNER. This question is required by our federal funders.

9. Provider License Number (Provider ID if unlicensed):

For child care facilities and all other licensed child care providers, please enter the number from your child care license.

For unlicensed providers, please enter your Child Care Payment Program Provider ID.

10. Provider Type

Please select the provider type that applies to the type of care you provide.

- *Licensed Provider: A provider licensed to deliver child care services for fewer than 24 hours per day per child in a non-residential setting.*
- *License-Exempt Provider: A child care provider that is exempt from licensure by Mississippi statute or MSDH regulations, because they are otherwise regulated and monitored by a separate governing entity, giving reasonable assurances as to health and safety. License exempt status is determined solely by the Mississippi State Department of Health.*
- *In-Home Relative Provider: A provider offering child care to children they are related to in the provider's home. If a provider is related to ANY child receiving care, they must select this response.*
- *In-Home Non-Relative Provider: A provider offering child care to children they are NOT related to in the provider's home.*

11. Provider Capacity

Licensed providers enter in the capacity from your child care license. This number must match what is on your child care license.

License-exempt providers enter the number allowable for service dictated by your organization.

ALL Registered (Unlicensed) Providers enter 5. This is the maximum number of children you are allowed to care for per MS law.

12. Provider Status

All providers should select the option that applies to their program:

- *Full-Time programs operate six or more hours per day for at least 5 days per week each month during the months of December-May.*
- *Part-Time programs operate fewer than six hours per day for at least 5 days per week each month during the months of December-May.*

13. Select all that apply-(additional services)

All providers should select any/all of the additional services provided.

Notes: The provider's child care license number MUST indicate that they serve children with special needs in order to qualify for this bonus. The provider's child care license number MUST indicate that they offer 24-hour care in order to qualify for this bonus.

14. Have you completed the registration process for direct deposit of funding?

All funding will be issued via direct deposit. All providers must be currently receiving direct deposit from MDSH for child care subsidy or register for direct deposit in order to receive Child Care Strong Funding. All Child Care Payment Program providers have received several email communications regarding direct deposit.

For NON-Child Care Payment Program providers,

visit <https://app.smartsheet.com/b/form/fd38b1a9ccc44f15b0b1b0ab73ae05fb> to start the registration process.

15. Planned use of funding (choose all that apply):

For all providers: please select the categories for which you plan to use Child Care Strong funding. You may change your mind at any point. You are not "locked in" to your answers to this question, however; MDHS has to report your responses to our funders about your planned uses for these funds.

16. Please review the posted per-child rates available at <https://www.mdhs.ms.gov/early-childhood-care-development/child-care-strong/> to identify the per-child rate that applies to your center and enter that amount below. You will then multiply that by the Provider Capacity entered above. This will indicate your estimated monthly base rate. Any bonuses you are eligible for will be added to this monthly amount in the final calculation.

\$ _____ X _____ = \$ _____
Per Child Rate Provider Capacity Estimated Monthly Base Rate

Is the estimated Monthly Expense Amount adequate to cover documented average monthly operating expenses in your center?

If you answered No, please select one of the following two options regarding the funding below:

- I wish to accept the award based on the estimated monthly expense amount offered by MDHS.
- I wish to submit documentation of my monthly expenses for further consideration. (You must include this documentation with the submission of this application.)

For all providers, please enter the per child rate allowed for your provider type. It will be multiplied by the Provider Capacity you entered and will give you an Estimated Monthly Base Rate. Providers are required to indicate whether this amount is sufficient to cover their documented monthly expenses. If the estimated Monthly Base Rate is lower than the documented monthly expenses, providers must upload documentation of their monthly expenses for review. Documentation should include proof of monthly occurring expenditures. MDHS recommends that providers organize their expenses using the worksheet located at: <https://childcareta.acf.hhs.gov/resource/family-child-care-expense-tracking-tool> to gain an average monthly expense, and align expenses with allowable expense categories of the grant.

NOTE: Due to funding limitations, no provider may receive more than \$400,000 in base payment. This is equal to a Monthly Base Rate of \$66,666.67. MDHS cannot review documents showing monthly expenses in excess of this amount.

17. Certifications/Attestations

This section contains statements that providers must agree to in order to receive funding. These are additional rules and requirements of the Child Care Strong Program. Providers must initial or add a checkmark next to each statement in order to complete the application.

General Notes:

The most current information about the Child Care Strong program is located on the website at: <https://www.mdhs.ms.gov/early-childhood-care-development/child-care-strong/>. Please use this information as a resource to support you in successful participation in the Child Care Strong program.

For all questions about the program, please email ChildCareStrong@mdhs.ms.gov